

DIPLOMA TRAINING REQUIREMENTS IN CONSULTATION-LIAISON PSYCHIATRY

Draft STR 2010-05-05 prepared by: Looper K, Granich A, Brouillette MJ, Nguyen V.
Reviewed by the CAPM executive 2010-05-05
Revised STR 2010-05-07

Eligibility Requirements:

Royal College Certification in Psychiatry or enrolment in a Royal College accredited residency program in this area (see requirements for these qualifications).

Minimum Training Requirements:

Twelve months of approved residency training commencing after the completion or overlapping with the specialty training in an approved residency training program which conforms to The Royal College of Physicians and Surgeons of Canada specialty training requirements for Psychiatry. The year will be divided into 13 four-week blocks with the following minimal requirements:

1. Core training requirements: may be undertaken as discrete rotations or longitudinal rotations

Six to nine blocks of core clinical training in consultation-liaison psychiatry in a variety of settings. This must include:

- a) consultations in both inpatient and outpatient settings.
- b) consultations to general medical-surgical-obstetrical services.
- c) consultations to at least one specific area of consultation-liaison psychiatry drawn from the following list: burn, cardiology, endocrinology, gastroenterology, HIV, nephrology, neurology, oncology, perinatal care, respirology, rheumatology, transplantation, and trauma services.
- d) a liaison role to either a general or specific medical-surgical-obstetrical service.

2. Selective training requirements: may be undertaken as discrete rotations or longitudinal rotations

Four to seven blocks of selective training in one or more additional content areas of consultation-liaison psychiatry: This may include either an academic activity in one specific content area or additional training in one or more specific consultation-liaison settings.

3. Scholarly activity requirement: may be undertaken as a selective or as a longitudinal activity

A scholarly activity must be integrated to the training program. This may consist of a review of literature, a research project, a quality review, or the development of an educational or administrative initiative. The scholarly activity must include a written report of a publishable quality.

4. Component experiences of the residency program:

The component experiences will be integrated into the core and selective training, and may be the focus of a specific academic activity undertaken as a selective training rotation. The components of training are:

a) Clinical component:

The clinical component will focus on developing advanced clinical expertise in the care and management of a wide variety of cases seen in the obstetrical-medical-surgical setting. This will focus on the diagnostic assessment and care of the complex patient, and developing and implementing a comprehensive treatment plan that addresses the biological, psychological, and sociocultural domains. Expert skills will be developed in the liaison role including working in an interprofessional team and consulting in the context of the interdisciplinary psychosocial or service rounds of the obstetrical-medical-surgical team.

b) Education component:

Residents will develop skills and expertise as educators in the area of Consultation-Liaison Psychiatry. Throughout the training period, they will receive direct teaching and supervision from the faculty and have an active role in all aspects of education and teaching of patients, caregivers, and professionals from other disciplines. They will participate in lectures, seminars, and small group teaching sessions provided by divisions/programs of Consultation-Liaison Psychiatry as well as those from other divisions in the setting of their clinical experience. Opportunities to acquire and develop effective teaching skills will be provided and throughout their training, residents will have increasing responsibility as teachers and educators. The faculty will oversee the personal learning plans that residents will be encouraged to develop and maintain.

c) Research component:

The program will be expected to assist residents in the acquisition and refinement of skills in research methodology and critical evaluation of the medical literature, as it applies to the consultation-liaison setting. Training in the preparation of abstracts and grants, statistical analysis, and presentation of abstracts and papers at conferences and at national/international meetings will be provided. Graduate-level studies in research methodology may be encouraged.

d) Administration component:

The administrative component entails the acquisition of organizational and administrative skills necessary to develop, staff, and manage a Consultation-Liaison service. The resident will acquire an understanding of the functions of members of interprofessional Consultation-Liaison teams. This may also include a critical evaluation and review of a system delivery model, or development of a new system delivery model, or graduate-level studies in Health Administration.

Notes:

1. Training at sites other than the site of the Consultation-Liaison Program: For residents interested in training at other centres, up to six blocks of selective rotations may be completed at an approved health care facility or university.
2. Accreditation of prior training: The Director of Subspecialty program may accredit additional training undertaken by residents who participated in consultation-liaison electives or selectives outside of the required core rotation by the RCPSC during their PGY4 and PGY5 years of their general psychiatry training prior to enrolling in the Diploma in Consultation Liaison Psychiatry.